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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/049470</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	<b>4</b>		↓		↓		↓
TOTAL DEP.	<b>24</b>		↔		↔		↔
TOTAL CLAIMS	<b>28</b>						
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS							
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